

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	17	↔	↔	↔	↔	↔
TOTAL CLAIMS	20	↔	↔	↔	↔	↔

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔	↔	↔
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS			↔	↔	↔	↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS